

COORDINATION OF BENEFITS

Overview

If a participant enrolled under one of TRIP medical plans is entitled to benefits under another medical plan, the amount of benefits payable under TRIP may be reduced to the extent that the total payment provided by all plans does not exceed the total allowable expenses incurred for the service.

For purposes of Coordination of Benefits (COB), the term “plan” is defined as any plan that provides medical or dental care coverage including the following:

- Any group insurance plan.
- Any governmental plan, except the Illinois Medical Assistance Program (Medicaid) or other state medical assistance program.
- Any “no-fault” motor vehicle plan. This term means a motor vehicle plan which is required by law and provides medical or dental care payments which are made, in whole or in part, without regard to fault. A person subject to such law who has not complied with the law will be deemed to have received the benefits required by the law.
- As required by law.

The term “allowable expense” means any medically necessary covered service for which part of the cost is eligible for payment by this plan.

When two or more plans pay benefits, the TCHP follows the National Association of Insurance Commissioners (NAIC) Model Group coordination of benefit rules for determining the order of benefit payment. This includes use of the Birthday Rule for determining dependent child coverage and the Retiree Rule for determining coverage for laid off or retired employees.

To coordinate benefits under managed care health plans, plan participants should direct questions to the specific plan administrator.

Coordination of Benefits with Medicare

Managed Care Plan—Methods of coordination with managed care and other plans vary. Specific questions should be directed to the individual health plan.

TCHP—For coordination with TCHP, see page 33. For coordination with the Mental Health/Substance

Abuse Plan Administrator, see pages 51-52. For coordination with the Prescription Drug Plan Administrator, see page 49.

Medicare Premium

In order to receive the Medicare Primary Premium, participants must be enrolled in both Medicare Parts A and B. If the participant is not enrolled in Medicare Parts A and B, the higher non-Medicare premium will be assessed.